

Northumbria Research Link

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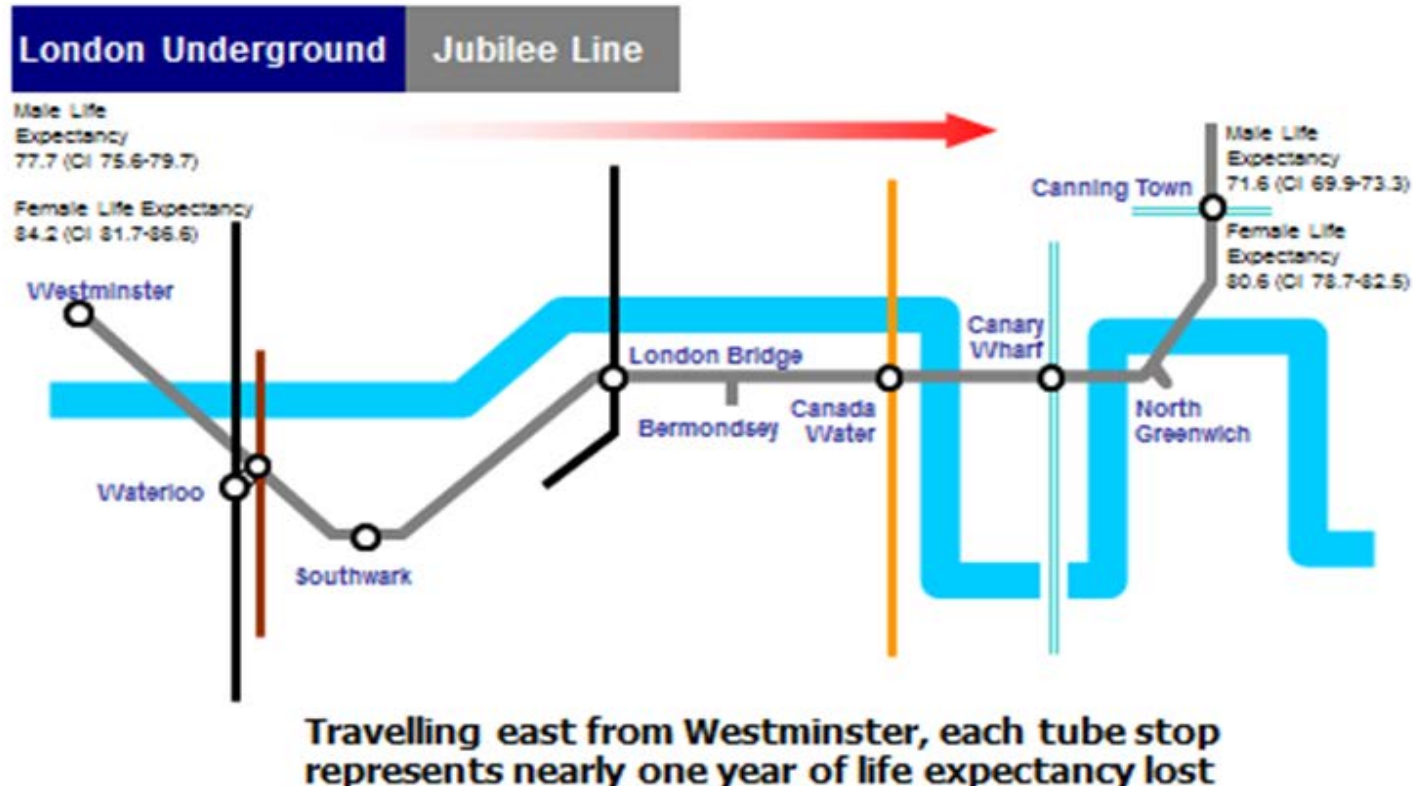


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Health: Does place matter?



¹ Source: Analysis by London Health Observatory using Office for National Statistics data. Diagram produced by Department of Health

Key Terms

Determinants of Health

The range of factors that combine together to affect the health of individuals

Inequalities in Health

Differences in health status between different populations and groups

Social determinants of Health

The social, economic and environmental factors that impact on health behaviours and determine the health status of individuals or populations

Does life expectancy differ with place?



South Cambridgeshire

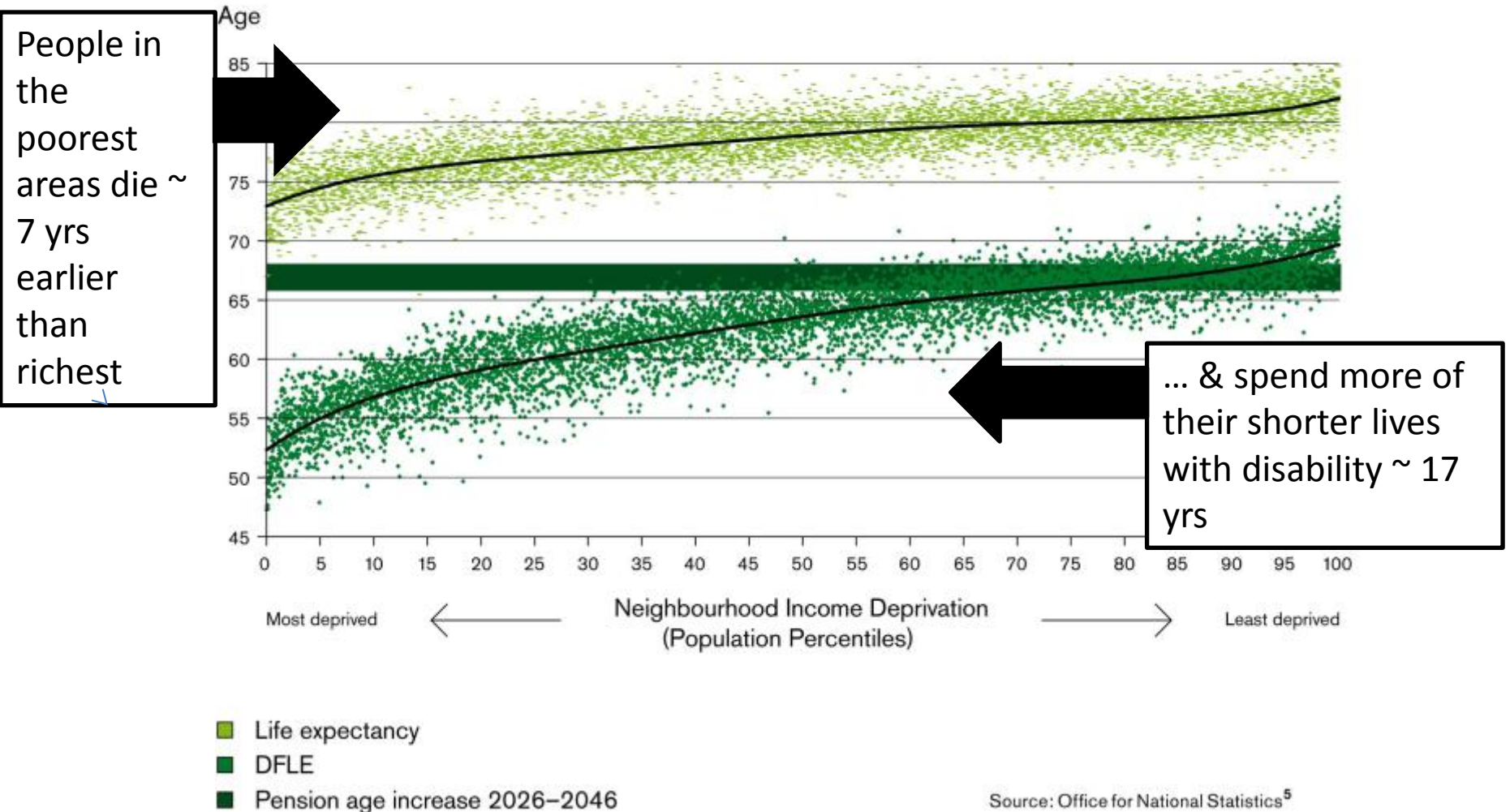
A newborn baby born can expect to live to 83...



Blackpool

.... that's 8.7 years longer than Blackpool where life expectancy is 74.3 years

Figure 1 Life expectancy and disability-free life expectancy (DFLE) at birth, persons by neighbourhood income level, England, 1999–2003



Health Drivers

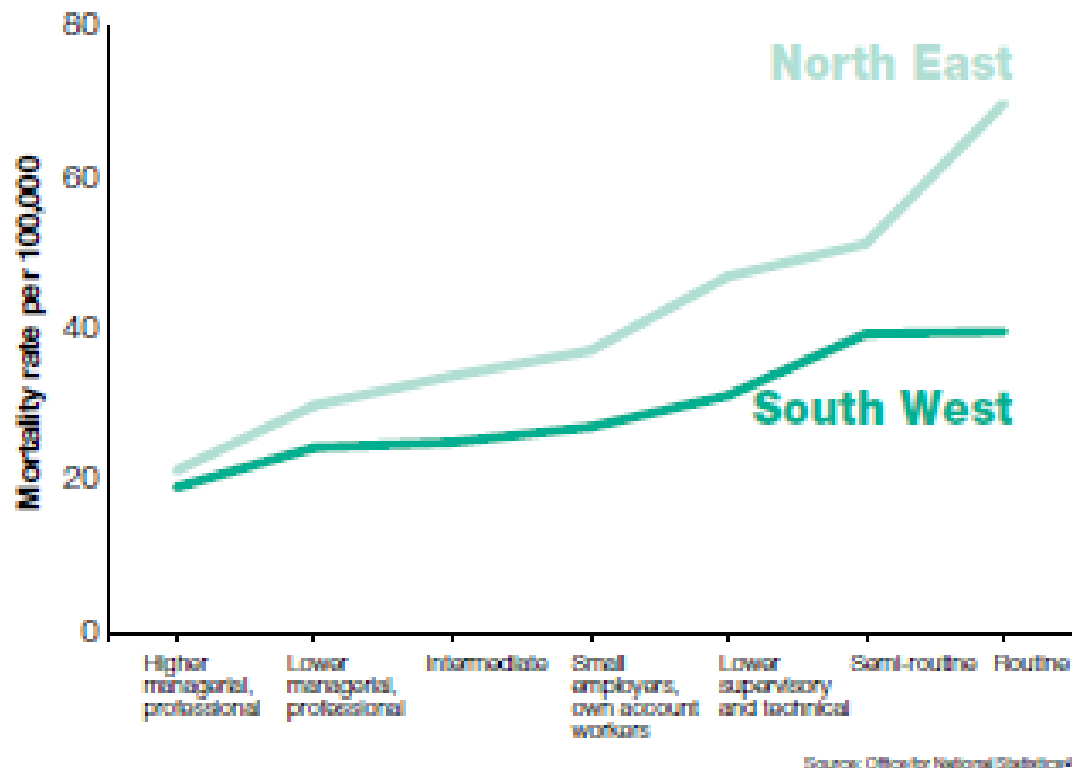


Figure 4 There are stark health inequalities¹⁵ stemming from unemployment and socioeconomic status, as well as geography across the country.

Public Health England (2014) Evidence into action Available at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366852/PHE_Priorities.pdf

Accessed 26.11.14

The Social Determinants of Health

*“The conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of **money**, **power** and **resources** at global, national and local levels. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries.”*

Strategic Review of Health Inequalities in England

Key Purpose:

- Identify for the health inequalities challenge, the evidence most relevant to underpin future policy and action.
- Show how the evidence could be translated into action
- Advise on possible objectives and measures
- Publish a report



Professor Sir Michael Marmot

Fair Society, Healthy Lives (The Marmot Review)

- Health inequalities are **not** inevitable or irreversible
- Health inequalities result from social inequalities - *‘causes of the causes’ – the social determinants*
- Focusing solely on most disadvantaged will not be sufficient - need *‘proportionate universalism’*
- Reducing health inequalities vital to economy - cost of inaction



Marmot, M. (2010) *Fair Society, Healthy Lives – Strategic Review of Health Inequalities in England* London: The Marmot Review <http://www.instituteofhealthequity.org/>

The Economic Case



Cost of Inaction

In England, dying prematurely each year as a result of health inequalities, between 1.3 and 2.5 million extra years of life.

Cost of doing nothing

Action taken to reduce health inequalities will benefit society in many ways. It will have economic benefits in reducing losses from illness associated with health inequalities.

Each year in England these account for:

- productivity losses of £31-33B
- reduced tax revenue and higher welfare payments of £20-32B
&
- increased treatment costs well in excess of £5B.



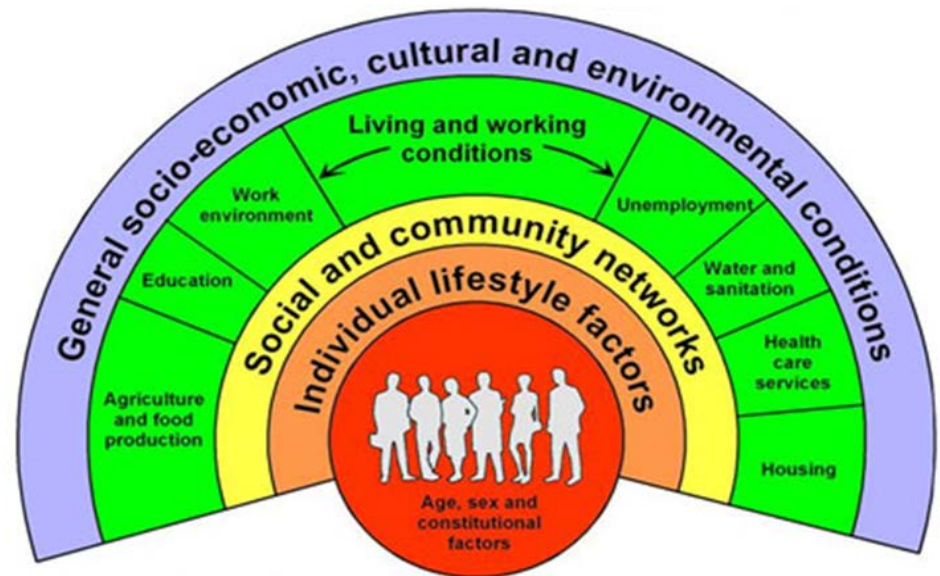
Determinants of Health

Our health is impacted by a range of determinants

Income and Social Status	Greater the gap between rich/poor, greater the difference in health.
Education	Low education levels linked to poor health, more stress and low self confidence.
Physical environment	Safe water, clean air, healthy workplace, safe homes, communities and roads contribute to good health. People in work tend to be healthier, particularly those who have more control over their work conditions.
Social support networks	Greater support linked to better health. Culture and beliefs of family/community impact on health.
Genetics and personal behaviour	Inheritance can influence lifespan, healthiness, likelihood of developing illnesses. Indiv behaviour and coping skills affect health.
Health Services	Access and use of services
Gender	Suffer from different disease at different ages

The Determinants of Health

- Social and economic environment
- Physical environment
- Person's individual characteristics and behaviours
- Gap between rich and poor



Source: Dahlgren and Whitehead, 1991

Whether people are healthy or not depends on their circumstances and environment. Factors such as where we live, state of the environment, genetics, income, education level, relationship with friends and family have considerable impact on health. Access and use of health care services often have a lesser impact.

Our Health Today

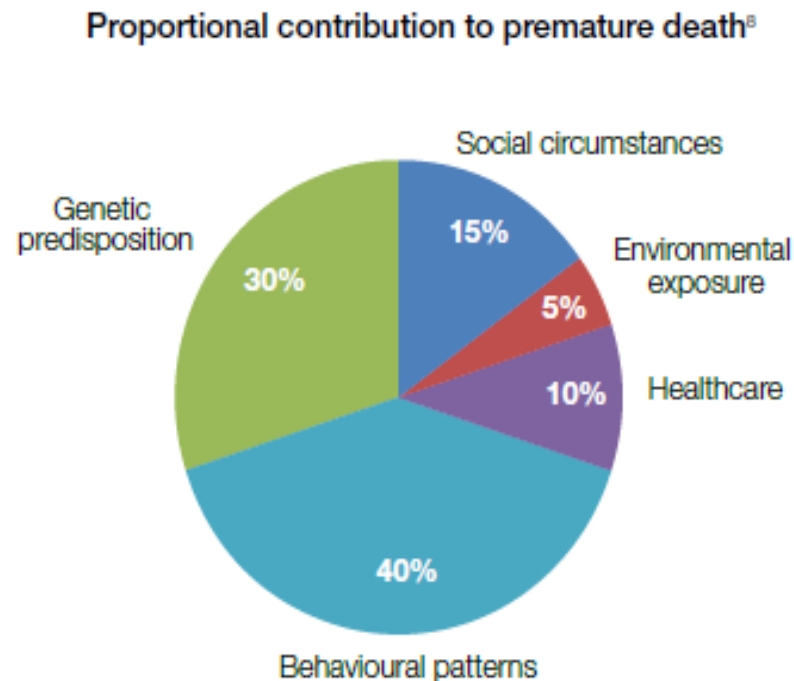


Figure 1 In the US, McGinnis et al show how healthcare plays an important though proportionately small role in preventing early deaths. Similar studies have supported these findings in the UK. Improving how we live our lives offers far greater opportunity for improving health.

- Despite universal access to health services we still see deep seated inequalities.
- We are falling further behind comparable countries in relative terms.
- Healthcare has relatively limited impact on health

The Causes of the Causes

Example: Smoking

Smoking causes illnesses such as COPD, CVD and lung cancer

BUT

It is the social, cultural and environmental factors that largely determines whether someone is more or less likely to smoke and if they do start whether they are likely to quit successfully



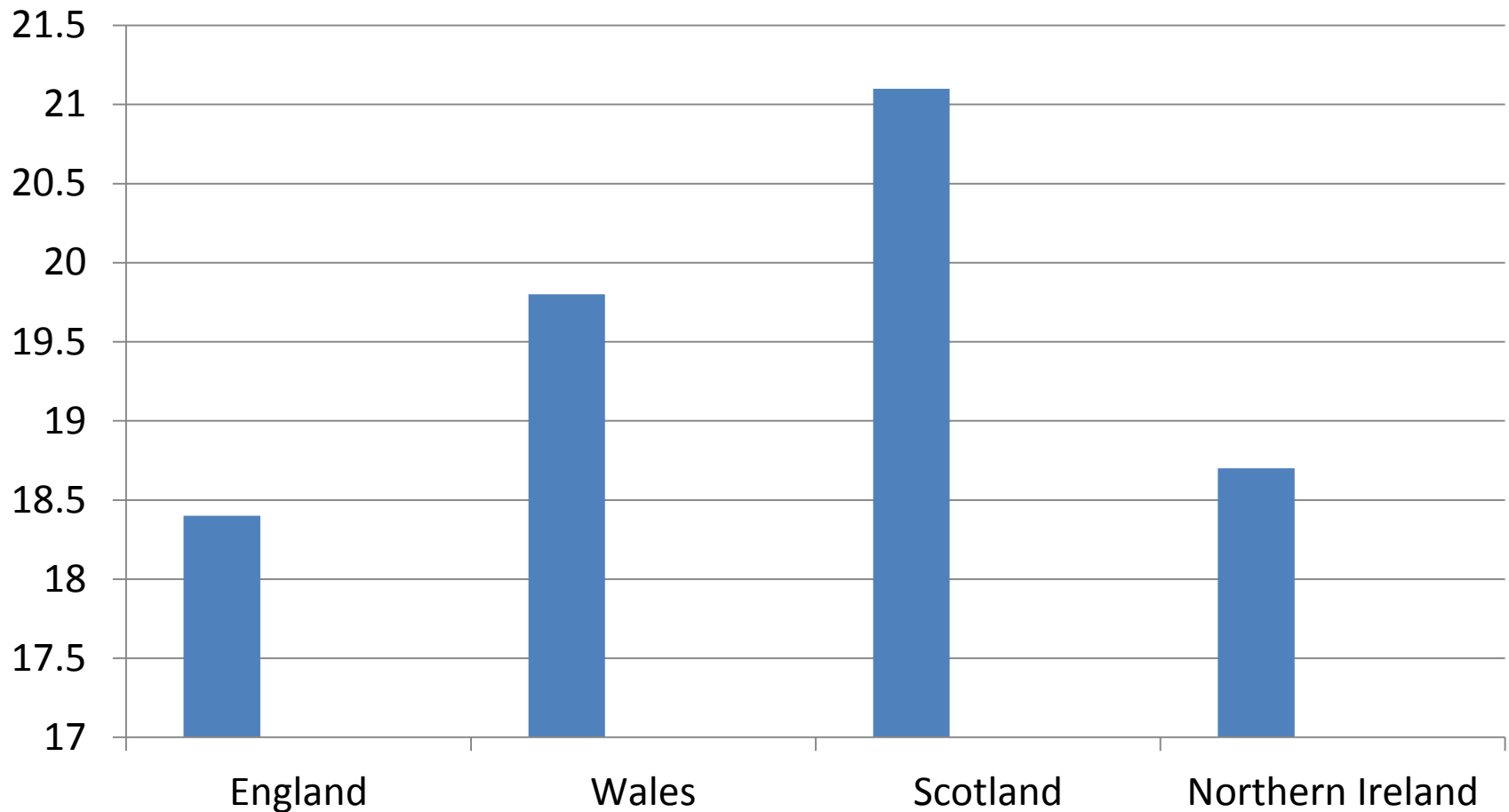
Smoking and Health inequalities

- Biggest cause of health inequalities in the UK
- Accounts for half the difference in LE between richest and poorest
- Loss of 10 years of life
- Not smoking can allow people to leap the health gap

Disadvantaged areas:

- ~½ of all smokers are in R&M occupations
- Unemployed 2x likely to smoke as those in employment
- Smoking is more socially acceptable
- More addicted + smoke more each day
- Find it harder to quit

Cigarette smoking prevalence, Adult 18+, Countries of the UK, 2013



Compared with benchmark:

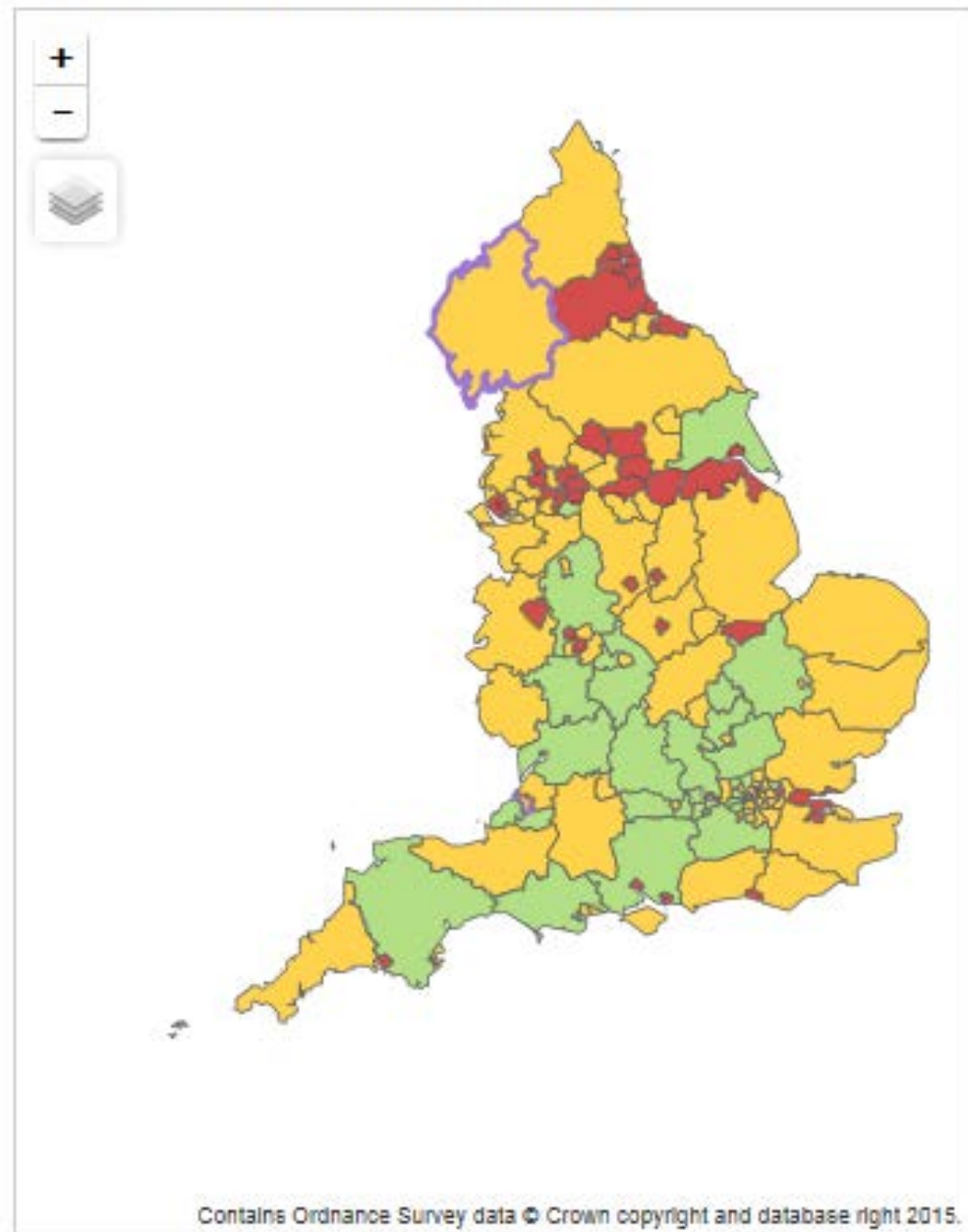
Better

Similar

Worse

Not compared

• a note is attached to the value, hover over to see more details



Local Tobacco Control Profiles

Current prevalence in adults -
Current smokers (IHS)

Tobacco Control: North East Overview

Compared with benchmark:

Better

Similar

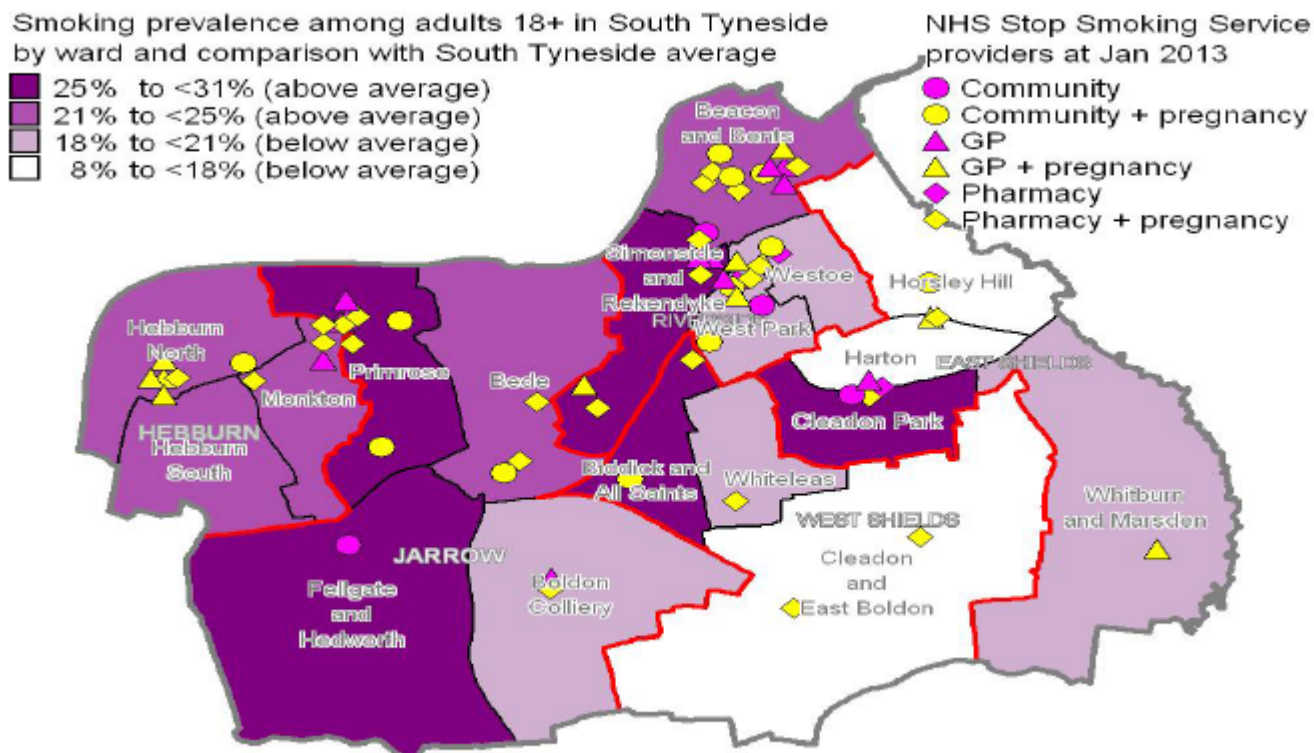
Worse

Not compared

Indicator	Period		England	North East region	County Durham	Darlington	Gateshead	Hartlepool	Middlesbrough	Newcastle upon Tyne	North Tyneside	Northumberland	Redcar and Cleveland	South Tyneside	Stockton-on-Tees	Sunderland
Smoking Prevalence in adults - current smokers (IHS)	2013		18.4	22.3	22.7	19.1	22.8	24.0	25.5	23.7	21.2	19.7	24.7	21.3	19.8	23.2
Smoking prevalence in adults in routine and manual occupations - current smokers (IHS)	2013		28.6	29.7	26.2	31.5	30.8	27.1	31.0	32.7	28.8	28.2	34.2	27.1	29.6	34.1
Successful quitters at 4 weeks	2013/14		3524	4216	4355	4977	5262	4358	2511	2685	3122	3917	3073	7171	4537	5325
Smoking status at time of delivery	2013/14		12.0*	18.8	19.9	20.4	15.0	18.2*	23.9*	16.6	13.4	16.2	23.9*	25.0	18.2*	19.9
Smoking attributable mortality	2011 - 13		288.7	371.9	381.3	322.4	421.6	390.8	438.4	371.0	345.6	312.2	362.4	424.3	334.1	404.8
Smoking attributable hospital admissions	2013/14		1645	2404	2229	1729	2494	2691	2497	2750	2722	2135	2295	2767	2162	2667
Deprivation score (IMD 2010)	2010		21.7	-	26.4	25.4	29.5	33.7	37.6	29.7	22.2	20.2	28.5	28.3	23.5	29.5

South Tyneside: Ward level

Figure 295: smoking prevalence and stop smoking services, ward map



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Provided by Public Health Advice, Information and Intelligence for Gateshead, South Tyneside and Sunderland, Dec 2013

Health Profile England 2014

Health Profiles www.healthprofiles.info

The general picture shows an improvement in health outcomes e.g.

- declining mortality rates in targeted killers (cancers, all circulatory diseases and suicides)
- increasing life expectancy, now at its highest ever level
- further reductions in infant and perinatal mortality

However in some areas particular challenges remain to achieve and sustain progress:

- rising rates of diabetes
- rising rates of obesity

For the determinants of health, we are making improvements in some areas:

- the percentage of people who smoke
- quality of housing stock

However, even where we are seeing improvements, health inequalities are often present across England.



http://www.apho.org.uk/default.aspx?QN=P_HEALTH_PROFILES

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Welcome to Health Profiles

Health Profiles

FOLLOW US ON [twitter](#)

[2013 Local Health Profiles](#) were released 24th September

"Health Profiles provide summary health information to support local authority members, officers and community partners to lead for health improvement"



Health Profiles is a programme to improve availability and accessibility for health and health-related information in England. The profiles give a snapshot overview of health for each local authority in England. Health Profiles are produced annually. The 2013 Local Health Profiles were published at 09:30 on Tuesday 24th September.

Designed to help local government and health services make decisions and plans to improve local people's health and reduce health inequalities, the profiles present a set of health indicators that show how the area compares to the national average. The indicators are carefully selected each year to reflect important public health topics. For more information about the 2013 data download a [summary](#) or read our [FAQs](#).

Finding a profile

You can find the profile you want by the area name using a [text search](#), or select it using a clickable geographical [map](#). The latest profiles available are 2013 Local Authority and County profiles represented by different colours:

Group Discussion

Compare health profiles:

- What does the data tell us about health and deprivation? Give examples to illustrate.
- If you were the Director of Public Health for this area what would you prioritise? Why?

Summary

- Health is determined by a complex interaction between individual characteristics, lifestyle & the physical, social and economic environment
- Economic hardship is highly correlated with poor health
- Increased levels of education are significantly related to improved health
- Improving housing conditions and greater access to green spaces should have a positive impact on health

Kings Fund (2015) Broader determinants of health

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How do we address “*wicked problems*”?

- Are public health ends better served by narrow interventions focused at the level of the individual or the community, or by broad measures to redistribute the social, political, and economic resources that exert such a profound influence on health status at the population level?
- Marmot Review 2010 - “there is a gradient in health outcomes, the lower a person's social economic status the worse their expected health”.

Figure 5 Action across the life course

